

Knowledge & Skills Framework

Toolkit



CENNZ-NZNO Knowledge & Skills Toolkit

Introduction



Emergency departments (EDs) work differently in terms of the staffing and role scope required to meet the demands of their patient population, within the limitations of their service and resources. Emergency nurses develop their knowledge and skills according to individual timeframes. The scaffolding provided by the Knowledge & Skills Framework can help leaders, educators and individuals recognise progress and flag readiness for advancement in practice, or the need for additional support in specific aspects of care.

The purpose of the K&S Toolkit is to provide examples of how the K&S Framework might be used to support clinical practice, guiding emergency nurses' understanding of their role and scope. It is not directive or restrictive, but rather aims to illustrate how emergency nurses can use critical thinking, adapting their practice to what each scenario requires.

Exemplars and case studies are presented to illustrate both individual aspects of the framework, and how all aspects might come together in relation to a particular project, educational initiative or departmental enterprise. There is no set format or template for application of the framework – emergency and urgent care nursing is creative, flexible and constantly adapting to new circumstances. The toolkit represents this through a range of approaches and application of the core concepts in the K&S Framework.

The addition of resources, reflections and scenarios is expected to add to the diversity of the toolkit contents.

The toolkit is a living document, and additional examples will be added as they become available.

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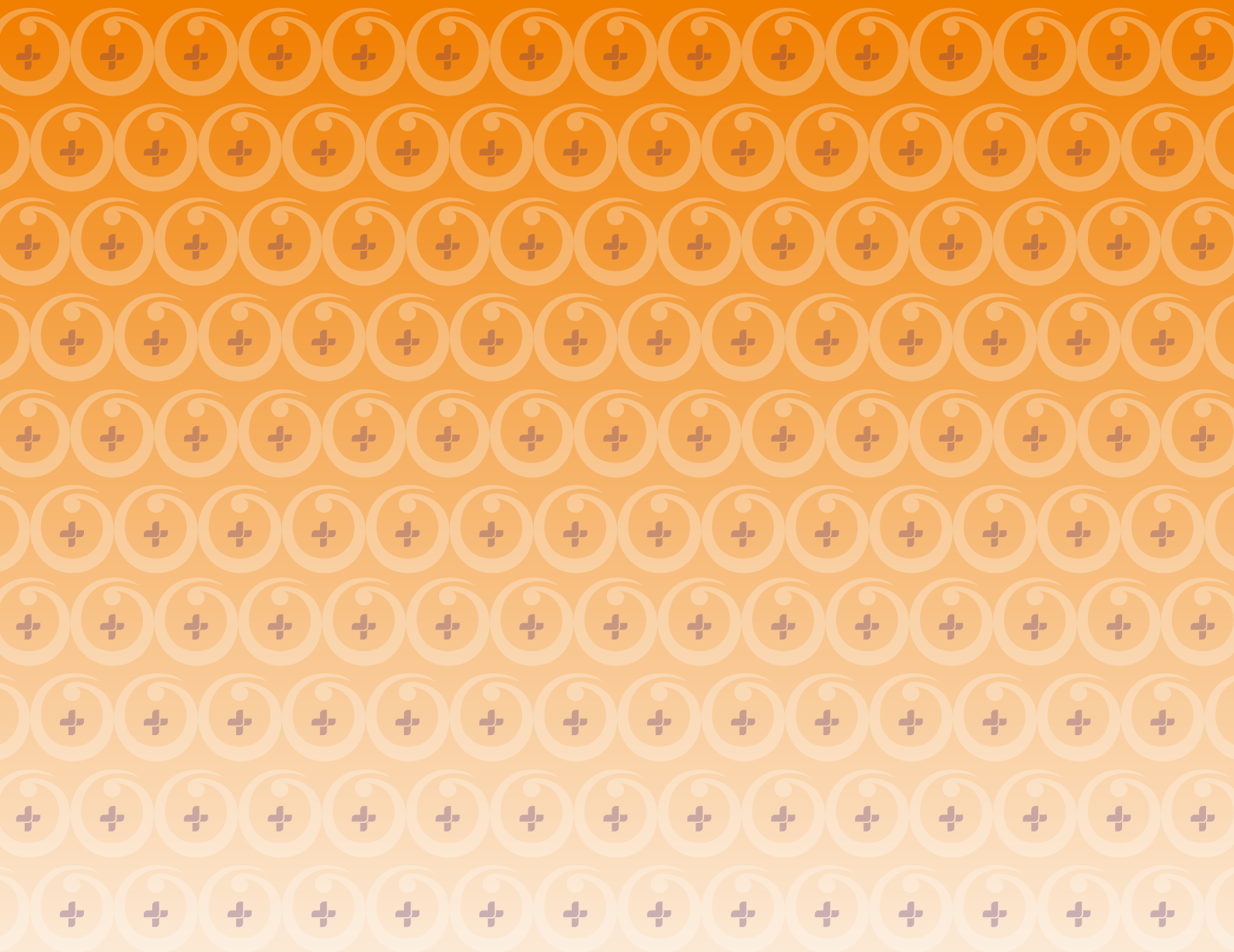
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Responsiveness to Māori



Responsiveness to Māori

Resouce 1: Understanding core concepts

Aim of He Korowai Oranga is Pae Ora: Healthy Futures for Māori

Pae Ora

Healthy futures for Māori

Pae Ora encourages emergency nurses to **work with Māori** patients and whānau – taking a holistic approach, supporting hauora models and upholding the desire of Māori to have control over their health and wellbeing.

Whanaungatanga: Build relationships
Hauora: Health, balance
Rangatiratanga: Self-governance
Matauranga: Knowledge

Whānau Ora

Healthy families

Whānau Ora is supporting whānau to be healthy, strong, and **included in patient care**. Whānau inclusion can make the **most impact** on patient care. Providing whānau information, resources and self-determination.

Whānau: Family/extended family
Whakapapa: Family connections, ancestry
Manaakitanga: Hospitality

Mauri Ora

Healthy individuals

Mauri Ora aims to shift the mauri or life force of a person from languishing to **flourishing**. This requires informing and **educating patients** about interventions and treatment options, strengthening identity and self-management and restoring dignity. Mauri ora has a spiritual component that **acknowledges culture** as a determinant of health.

Mauri: Life essence
Karakia: Prayer
Wairuatanga: Spiritual connections
Hinengaro: Emotional/mental health
Hauora tinana: Physical health

Wai Ora

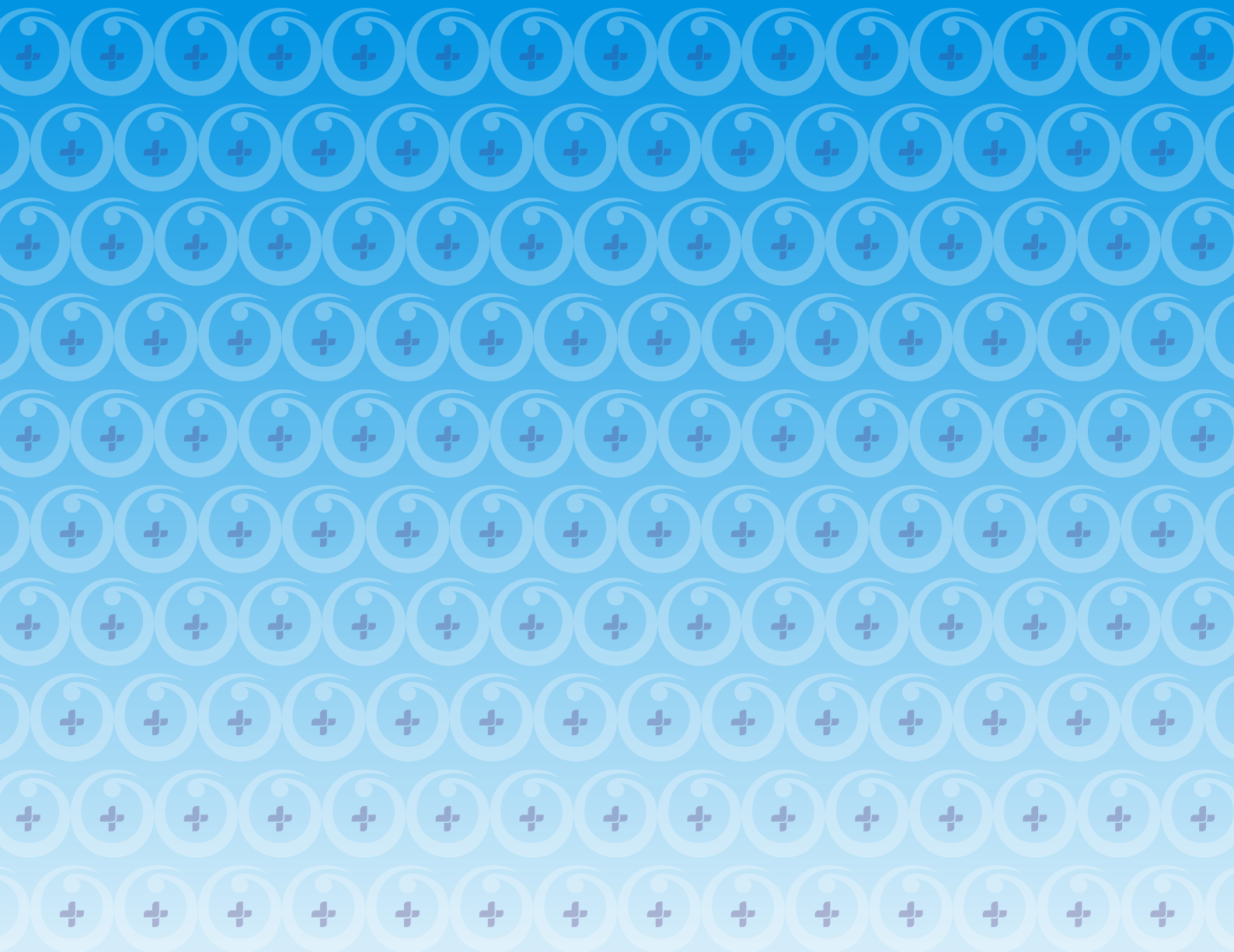
Healthy environment

Wai Ora acknowledges the importance of Māori and **whakapapa connections** to whenua, maunga and awa as part of the environments in which we live and belong. An awareness of Wai Ora affects the health of individuals and whānau, hapu and iwi. **A healthy environment includes healthy homes**, clean water and air and healthy kai and lifestyles.

Taiao: Environment
Whenua: Land
Maunga: Mountain
Awa: River
Moana: Ocean
Hapu: Subtribe
Iwi: Tribe
Kaitiakitanga: Guardianship of natural resources

Toolkit adapted by
 Natasha Hemopo Kemp

Assessment & decision-making



Assessment & decision-making

Exemplar 1: Rural ED, introduction of a new sepsis pathway

Toolkit narrative: Shannon Gibbs

At a staff meeting, the charge nurse manager (CNM) notifies her team of the new sepsis pathway being introduced nationally. She outlines national trends in sepsis presentations and incidents being investigated by the Health & Disability Commissioner where sepsis had been missed. The CNM had updated local policy to align with the roll-out of the new pathway.

The nurse educator had put together and run training sessions to orient staff to the new pathway, including who could activate it and when to activate it, and notified the whole team where to locate the pathway. These sessions included a refresher on signs and symptoms of sepsis and the risk associated with waiting patients with the potential for sepsis.

The educator and the CNM are among the "few nurses" in the Whakamana stage of practice development who have and apply critical knowledge and skills.

A Monday afternoon shift begins with full cubicles, patients waiting for an inpatient bed, a full waiting room, and people waiting to be triaged. The incoming triage nurse completed the CENNZ Triage course six months ago. She takes stock of the triaged patients in the waiting room and begins to work through the patients who have not yet been triaged.

She notices a man triaged before her shift with an ATS score of 3, looking pale and sweaty in the waiting room. She uses her clinical judgment to prioritise his reassessment and her triage skills and her nursing experience to recognise that this patient has deteriorated, is potentially septic and needs urgent care.

She runs her assessment past a senior colleague as she is a fairly inexperienced triage nurse and her findings differ from the initial triage. Her colleague agrees with her assessment and the triage nurse escalates this by notifying the rest of the team, and bringing the patient through to the department.

The triage nurse is among the cohort of "many nurses" in the Whakamarama stage who have and apply consolidated knowledge and skills.

The associate charge nurse (ACN) assesses the department, alerts the senior medical officer (SMO), and asks a junior colleague to make a start on working up the sepsis patient. The ACN deploys resources to make space for this patient – he coordinates the ward, orderlies, health-care assistants (HCAs) and nurses to safely move existing patients. He identifies management priorities for the rest of the patients in the department with the swing shift nurse. He calls the duty manager to request extra resource as the department is at capacity.

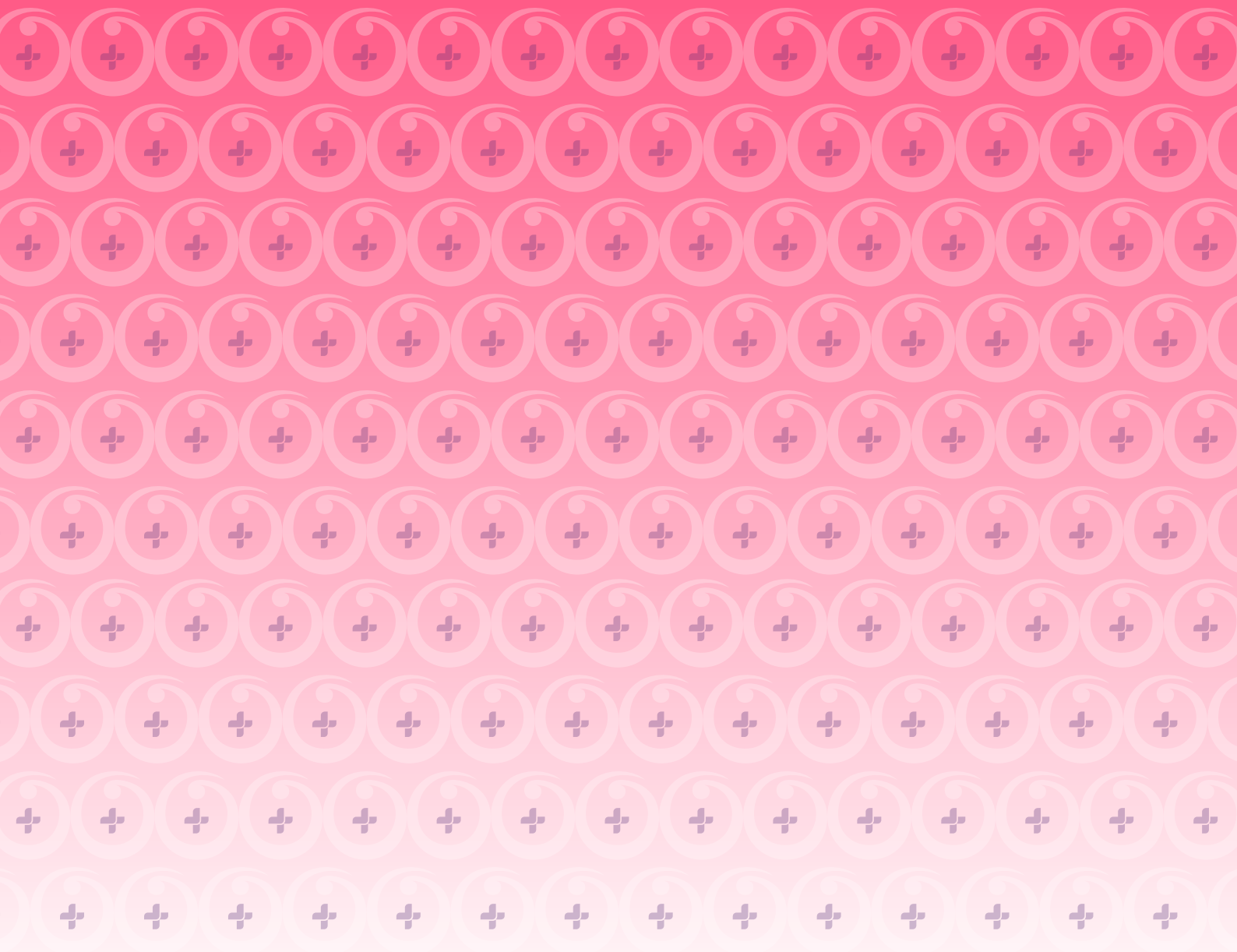
The senior nurse advises the resident medical officers (RMOs) and the swing shift nurse on assessment and identification of outstanding tasks that are a barrier to discharge, expediting the discharge of some patients to take pressure off the team. While managing a patient load, she supports her junior colleague, anticipates the septic patient will need an arterial line and coaches her colleague to set this up. She reviews blood results, discusses them with her junior colleague and escalates changes in the patient's status to the medical team. She spends time explaining to the patient's family what is going on and the likely next steps.

The ACN and senior nurse sit within the group of "some nurses" in the Whakamana stage of knowledge and skill development who have and apply in-depth and focused knowledge and skills.

The junior colleague is starting her second year of nursing. The principles of triage were covered during her orientation and she has spent half a shift shadowing the triage nurse. She understands the implications of the ATS scoring system and the potential for patients to deteriorate before care is initiated. She knows that a septic patient requires expedited care and feels comfortable initiating and following the sepsis pathway to guide the initial care of this patient. She uses the early warning score (EWS) chart to assess for deterioration and communicates changes in the patient's status to the medical team. She knows this patient will be admitted to the hospital and prepares for this once treatment is underway.

The junior nurse has and applies the foundational knowledge and skills expected of "all nurses" working in the ED in the Whakapiri stage of practice development.

Leadership



Leadership

Wellbeing: A case study

Level of practice

Core concepts

Examples in practice

All nurses

- Recognise factors contributing to wellbeing
- Identify risks and barriers to wellbeing
- Know about available support services

Participate in wellness check-ins – encourage respectful communication.

Direct self and colleagues to EAP or peer support services.

Many nurses

- Proactively identify wellness enablers/ barriers
- Recognise signs of distress, promote wellbeing principles

Debrief with peers after challenging shifts.

Encourage timeout/breaks.

Advocate for wellbeing activities (eg wellness boards, social activities).

Some nurses

- Lead resilience building efforts
- Actively support/lead after critical event debriefs
- Role-model positive coping strategies

Facilitate informal debriefs.

Co-ordinate or refer to wellness/peer support champions.

Few nurses

- Influence system-wide wellbeing practices
- Shape department/organisational wellbeing policy
- Advocate publicly or in policy

Contribute to national or local wellness strategy.

Present on wellbeing at conferences.

Design staff wellbeing improvement projects.

Leadership

Implementation across levels of practice

All nurses: Building a baseline of wellbeing awareness

All nursing staff were introduced to the wellbeing framework within their first year of practice in ED.

Key concepts included:

- Recognising personal and colleague stress indicators
- Knowing how to access EAP or peer support
- Participating in wellbeing activities, eg using a visual board where staff can shout out colleagues

Many nurses: Promoting positive wellbeing practices

Senior nurses and those with leadership tendencies began to:

- Proactively identify stressors (eg repeated lack of breaks, minor errors, lateness)
- Facilitate mini-debriefs post shift when patient acuity was high
- Encourage regular use of a newly created “wellbeing room”

Some nurses: Leading cultural change

Charge nurses and educators took on visible wellbeing leadership roles:

- Led critical incident debriefs using the local Te Whatu Ora debriefing framework
- Role-modelled asking for timeout or stepping away when overloaded
- Facilitated nurse participation in quarterly “resuscitation conferences” – structured sessions where staff reflected on challenges and coping strategies

Few nurses: System-level influence

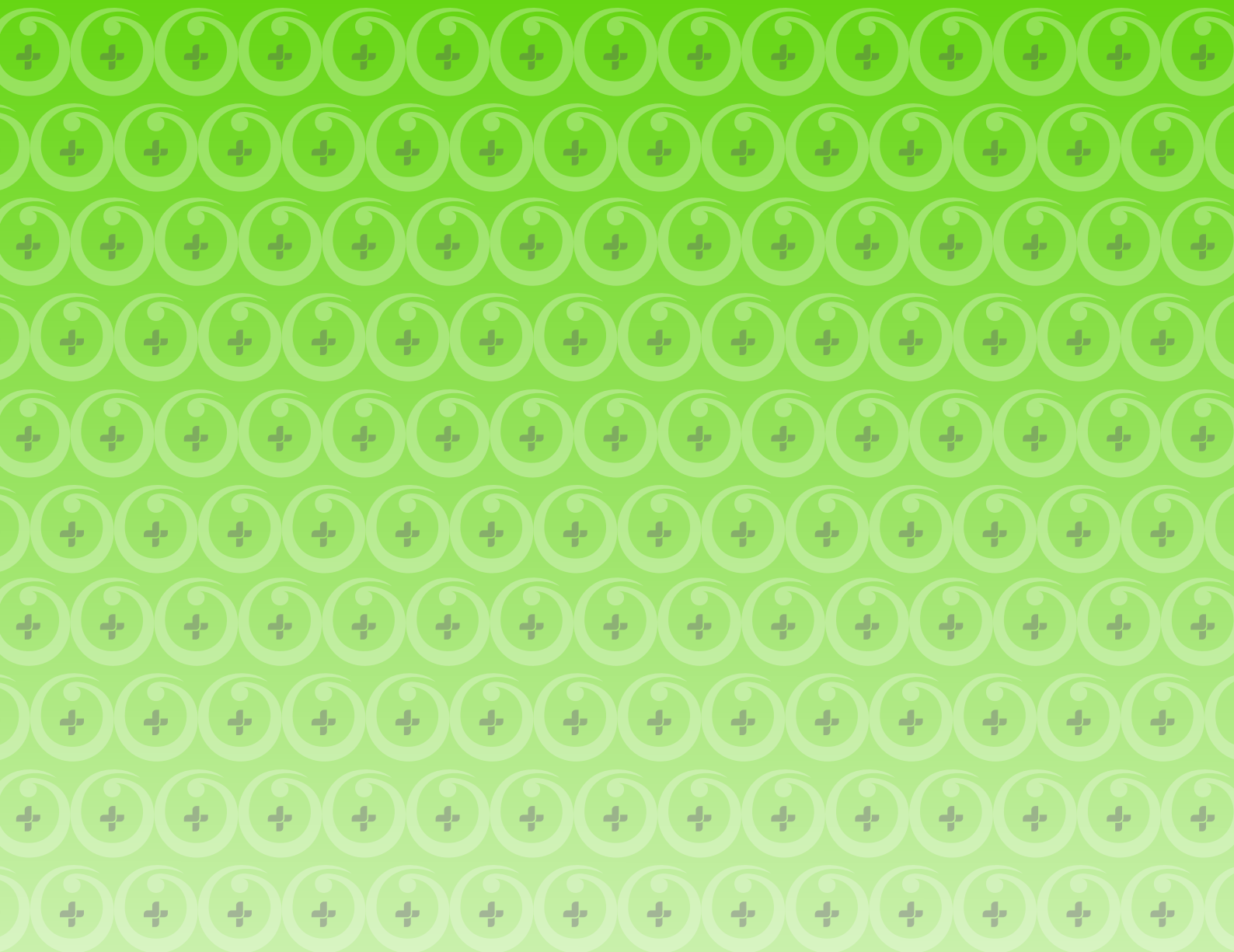
A small group of advanced practitioners and senior nurses aligned the ED’s wellbeing efforts with broader system initiatives:

- Presented data on burnout-related sick leave to the hospital executive team
- Contributed to the development of a hospital-wide wellbeing strategy
- Initiated a pilot project integrating “wellbeing rounds” into ED workflow

Recommened resources:

1. Te Whatu Ora or local wellbeing frameworks
2. Te Whatu Ora or local debriefing frameworks
3. Employee Assistance Programme (EAP) brochures
4. Peer support or resilience training modules
5. Resources from the Mental Health Foundation

Environmental emergencies



Environmental emergencies

Exemplar 1: Major incident management, expectations

Toolkit exemplar: Lauren Miller

Concept: Major incident management

All nurses:

On induction:

- Read through the local department emergency and mass casualty plans
- Are aware of where to locate department emergency plans and any specific mass casualty incident (MCI) equipment/cache
- Have a basic understanding of the concept of MCI triage systems

Many nurses:

- **Are orientated to processes within the department to initiate and communicate MCIs, ie**
 - Radio operating systems
 - Hard-wired phones
 - Emergency call bell systems
- **Become familiar, through regular exposure, with radio communication techniques/systems, ie**
 - Learning the phonetic alphabet
 - Sending and receiving radio communications
- **Undertake training on MCI triage principles, ie**
 - Training for the SALT (sort, access, life-saving interventions, treatment/transport) triage system, available free at ndlsf.org/salt
- **Participate in local mass casualty exercises (MCE), and demonstrate knowledge of mass casualty plans/systems**

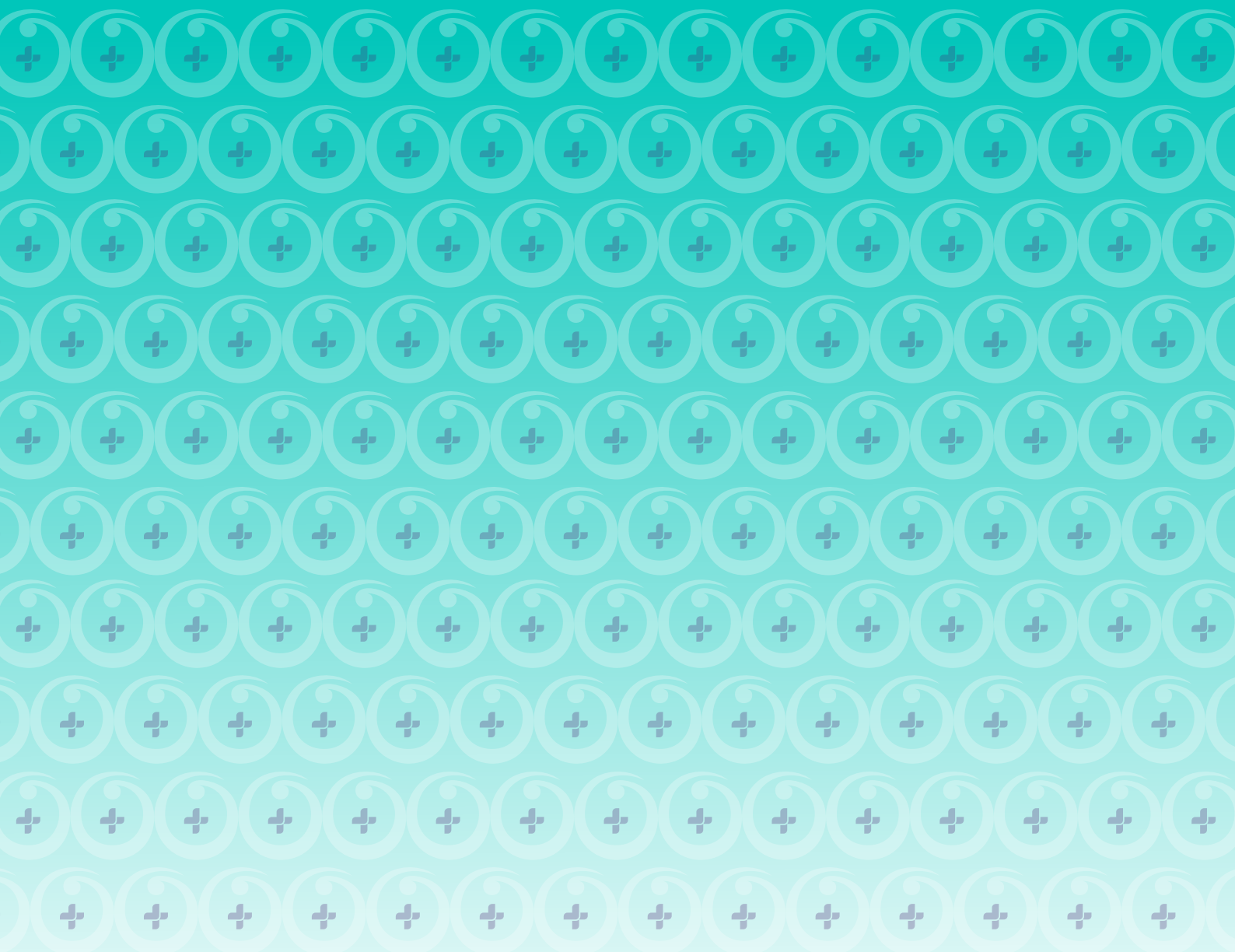
Some Nurses:

- Take on leadership roles in local MCEs and demonstrate leadership and knowledge of mass casualty plans/systems
- Demonstrate competence in MCI triage by carrying out this role when participating in local MCEs
- Undertake additional specialised training, such as in the Coordinated Incident Management System (CIMS), which is Civil Defence's official national framework for incident management coordinated across agencies (see civildefence.govt.nz/resources/coordinated-incident-management-system-cims-third-edition)
- Undertake department/area co-ordination and resourcing for major incident management, ie
 - Sharing knowledge of local processes that could aid in MCI management, eg decontamination showers

Few Nurses:

- **Lead departments and participate in the development of systems at local, regional and national levels, ie**
 - Participate and lead in the maintenance and revisions department of MCI plans/exercises
 - Attend hospital-wide emergency management group meetings
- **Plan staffing, anticipating needs and allocating resources, ie**
 - Ensure the department MCI resources/cache are up to date and maintained
 - Maintain department contact details and call-back phone tree
- **Develop processes and provide resources for ethical and emotional support**
 - Ensure established process for MCI debriefing and psychological support

Management of care



Management of care

Exemplar 1: Paediatric emergency nursing learning continuum

In the children's emergency department (CED) at Starship Child Health, the Knowledge & Skills Framework (KSF) has been used to provide structure to the subspecialty learning continuum. This is an education framework to guide the CED RN in gaining the knowledge to become an expert, or one of the "few", as it is termed in the KSF, in all areas of paediatric emergency nursing.

The learning continuum uses the key aspects of emergency nursing from the KSF to guide all RNs new to CED, while recognising and acknowledging their prior knowledge. Many RNs starting in CED have previous ED or paediatric experience, which means they already fall within the "many", "some" or "few" groups. It is the responsibility of the RN to identify their own learning needs and growth areas and complete the learning continuum in a mutually agreed timeframe.

As an example, the learning continuum outcomes are outlined below for the key aspect of Management of Care. The learning continuum then outlines many modalities available within CED, the wider organisation, nationally and internationally, to help the RN achieve these outcomes.

All Nurses:

- Develop foundational skills in recognising, differentiating and
- Managing unscheduled and varied patient demand by working in an environment that is subject to fluctuations in patient acuity and volume and where resources may vary.
- Develop knowledge and skills to respond to situations requiring resuscitation or other immediate interventions.
- Are exposed to caring for individuals, families and communities who have experienced a sudden, unexpected or traumatic event/death.
- Care for patients across the lifespan (0–15yrs) and apply knowledge and skill relating to normal development and markers.
- Respond to the common range of emergency patient
- Presentations, whether independently or, where necessary, under direction.
- Influence and enhance the patient journey within and beyond the emergency care setting.

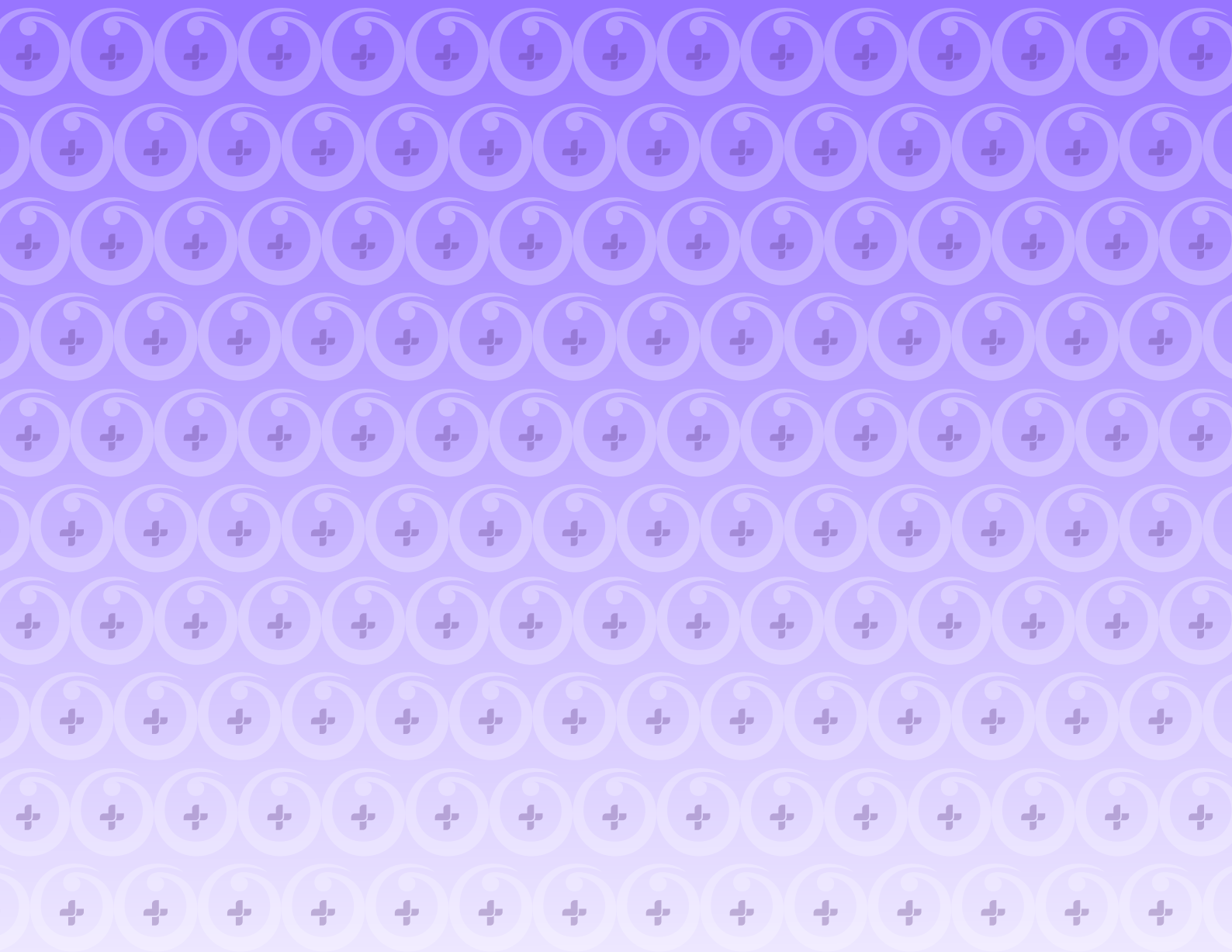
Many and Some Nurses:

- Confidently react and respond to change and support others to develop in this environment.
- Confidently provide resuscitative and critical care interventions in life-threatening situations.
- Help colleagues learn to respond to the experience of a sudden, unexpected or traumatic event/death.
- Develop additional interests in subspecialty areas within emergency nursing and use these specialised knowledge and skills.
- Are exposed to a wide range of patient conditions, are confident in independently initiating interventions for common presentations and support others in their practice.
- Support others in optimising the patient journey.
- Anticipate and intervene to minimise risk of violence and aggression in the workplace.

Some and few Nurses:

- Have comprehensive, expert knowledge of managing
- Complex caseloads, with a focus on managing urgent and life-threatening situations.
- Are expert in the management of patients requiring resuscitative and critical care interventions.
- Confidently respond to a range of traumatic situations and
- Manage the processes associated with a sudden, unexpected or traumatic event/death.
- Provide expert, focused resource for particular patient groups in age-related conditions/situations.
- Are able to integrate a range of specialty knowledge and skills to address more complex patient presentations.
- Are involved in coordination of larger groups of patients and
- Improving patient flow to assist the patient journey.
- Use specialised skills and act as a resource in managing violence and aggression in the workplace.

Integration of all framework aspects in an educational programme



Integration of all framework aspects in an educational programme

Case study 1: Using the K & S Framework to design a team leader programme



Acknowledgement: In 2019 a new team leader programme was designed for nurses working in Christchurch ED. Nurse educator Leona Robertson used the K&S Framework to look at the core concepts needed to undertake this role and from there the programme was designed. This toolkit example is Leona's work, with core concepts updated to reflect the 2023 K&S Framework review.

The ED team leader programme is for those who will be team leaders in any of the ED areas. It is about developing their own leadership and management skills; knowing themselves and others and how they work; how to motivate others; how people react under pressure; as well as gaining more knowledge about the models of care used, processes, and problem-solving. It is something they will be continuously working on.

The programme is a combination of online work and workshop reflections. It involves a four-hour face-to-face workshop and an eight-hour one-on-one buddied "team leader" shift with an associate charge nurse manager (ACNM).

K&S level: "Some/expert" level (progressing from "many/proficient" to goal of expert). It involves having and applying in-depth knowledge and skills. By referencing the framework, existing leaders can determine which nurses are ready to move from "many/proficient" to "some/expert". Not every nurse will have all the required K&S at "proficient", but they would have most and be identified as ready to move to the "some".

The following core elements from the K&S Framework were included in the team leader programme and ongoing education.

Responsiveness to Māori

Emergency nursing in New Zealand has a specific commitment to respond to the emergent and acute health-care needs of Māori, in addition to other population groups. Care is required to be delivered in a culturally appropriate manner, underpinned by knowledge of local tikanga/kawa/customs and local Māori health support services. An understanding of Māori health inequities and the social determinants of health is also required. Emergency nurses continue to work to improve their supporting of Māori whānau and the Māori workforce in the emergency departments of Aotearoa.

Kawa whakaruruhau (cultural safety) and clinical care

Role model in their workplace, providing guidance across services and disciplines in supporting the provision of safe and effective care for Māori and their whānau.

Core concepts:

- Understand Māori models of health and wellbeing and how these relate to emergency care delivery
- Act as support and resource
- Guide others to understand and apply knowledge

Kawa whakaruruhau (cultural safety) and reducing health inequities

Role model in their workplace, providing guidance across services and disciplines in reducing health inequity for Māori and their whānau.

Core concepts:

- Act as support and resource
- Guide others to understand and apply knowledge
- Increase awareness of the issues of inequality and inequity and support finding solutions

Assessment and decision-making

There are a number of assessment and decision-making elements in emergency nursing that make this a particular focus for the specialty. Emergency nursing incorporates the broadest exposure to undifferentiated patient conditions, trauma, illness and crisis situations. Nurses working in this specialty are required to respond urgently, often with very limited information. Acuity awareness, changing priorities, absence of established diagnosis and the immediacy of need are influenced by a dynamic emergency care environment. A systematic approach is required, using specific structured assessments, performed within a variety of settings. Decision-making skills are developed through emergency care learning and experiences. Areas of development include critical thinking, reflection, interpretation and analysis.

Triage

Apply triage K&S to workplace flow and coordination and mentor and support those undertaking the practice of triage.

Core concepts: to be finalised.

Working with undifferentiated patients

Confident in developing a range of differential diagnoses to help determine assessment priorities.

Core concepts:

- Critical analysis of problems in their situational context
- Speed and accuracy in identifying and resolving problems
- Guides others in recognising, setting and managing changing patient priorities
- Guide others to identify and differentiate emergent and urgent patients

Structured assessment

Confident in applying a wide range of structured assessments, acting as role models assisting others to gain understanding of structured assessment in their practice.

Core concepts:

- Application of advanced, specialist and complex structured assessment frameworks
- Identification and analysis of complex patient presentations to enable clinical decision-making

Diagnostic and therapeutic interventions

Analyse a range of interventions, diagnostic and/or therapeutic, seeking to implement best practice protocols, guidelines and pathways.

Core concepts:

- Consider and formulate wide-ranging diagnostic differentials to help guide practice
- Guide others in the application of appropriate diagnostic/therapeutic interventions
- May involve formal registration for designated RN prescribing

Management of care

Management of care refers to the process by which patient care is delivered and the range of patient needs are met. It incorporates a holistic approach and is responsive to a broad spectrum of both known and undifferentiated needs. In the emergency care setting, there is a particular focus on the management of urgent and life-threatening situations, with emergency nurses managing a broad range of situations, which requires a comprehensive knowledge base. This includes managing complex caseloads and the interface between the community and hospital sectors.

Urgent, emergent and unscheduled variable demand and resources

Skilled in recognising, differentiating and managing unscheduled and varied patient demand.

Core concepts:

- Provide oversight and support for many
- Colleagues /patients
- Manage rapidly changing needs for patients/staff
- Manage resource issues in the workplace

Resuscitation and critical care

Have expertise in the management of patients needing resuscitative and critical care interventions.

Core concepts:

- Anticipate an advanced range of patient interventions
- Guide others to understand and apply knowledge and skills
- Participate in decision-making in ceiling of care

Sudden, unexpected or traumatic event/death

Confident in responding to a range of traumatic situations and managing the processes associated with sudden, unexpected or traumatic event/death.

Core concepts:

- Act as liaison and coordinate care following sudden, unexpected or traumatic event/death
- Coordinate responses to challenging situations
- Guide others to understand and apply knowledge of forensic and coronial requirements

Across the lifespan

Provide focused resources for particular patient groups across the lifespan, and specialise in age-related conditions/situations.

Core concepts:

- Act as mentors and specialty resource
- Guide others to understand and apply knowledge

Management of care

Broad range of nursing expertise and technical skills

Able to integrate a range of specialty knowledge and skills to address more complex patient presentations.

Core concepts:

- Act as support and resource
- Guide others to understand and apply knowledge
- Undertakes and teaches advanced procedures

Contribution to the patient journey

Involved in coordination of larger groups of patients and improving patient flow to assist in the patient journey.

Core concepts:

- Identify and respond to risk associated with interruptions and delays to the patient journey
- Involved in a coordinated response to managing the patient journey
- Contributes to the development and implementation of pathways

Violence and aggression in the workplace

Use specialised skills and act as a resource for managing violence and aggression in the workplace.

Core concepts:

- Coordinate response to a challenging situation
- Guide others to understand and apply knowledge
- Provide support for the victims of violence and aggression

Leadership

Leadership in emergency nursing practice incorporates the coordination of care in a complex and time-critical environment, to ensure the patient receives the right care at the right time by the right people in the right place. Emergency nursing leaders need to be flexible and adaptive, supporting a proactive approach in a dynamic setting. Leaders foster an empowering and supportive environment for staff working in the emergency care team.

Leadership of practice

Are leaders within the wider multidisciplinary team (MDT) and apply these skills in developing and initiating support systems, guidance and leadership of others.

Core concepts:

- Assist and direct others across interprofessional groups and services
- Develop and adapt protocols, pathways and guidelines
- Facilitate the introduction of new services/processes/policies in the practice setting
- Escalate flow

Leadership in workforce processes

Anticipate unpredictable workloads and manage workforce processes.

Core concepts:

- Respond to interruptions and delays to the patient journey
- Lead others in recognising, prioritising and managing own and others' workloads
- Have broad level of awareness of overall status/capacity/flow in the workplace
- Act to minimise workforce disruptions
- Assess, prioritise and reallocate staff to meet urgent system needs
- Are familiar with scope of system and available health resources, eg primary care capacity, re-hospital pathways

Quality and safety

Initiate practice change and lead service improvements.

Core concepts:

- Monitor, champion and manage quality and safety initiatives
- Apply principles of the organisation's stress and conflict management policies
- Address disparities for Māori and apply Te Tiriti o Waitangi into their own practice

Leadership

Wellbeing

Lead development and maintenance of a culture of wellbeing in the workplace.

Core concepts:

- Act as a resource and support in developing resilience and promoting wellbeing across the workplace
- Facilitate formal and informal briefing after stressful event/incident

Supporting success and development

Agile to progress into team leader role.

Core concepts:

- Aligns experience, exposure and learning to support TL role
- Adapts quickly and brings others along
- Keeps up with new initiatives and ideas

Development of a sustainable emergency nursing workforce

Advocate for and initiate systems to recruit, retain and support emergency nurses.

Core concepts:

- Advocate for workforce and professional development strategies in own workplaces
- Mentor others to achieve their professional development goals
- Provide clinical direction and support for Māori and Pacifica nurses' pathways
- Development of a sustainable emergency nursing workforce

Sustainable Māori nursing workforce

Sustainable Maori Nursing workforce advocate for and initiate systems to recruit, retain and support Emergency Nurses within the profession.

Core concepts:

- Advocates for workforce and professional development strategies within own workplaces
- Mentor others to achieve their professional development goals
- Provide clinical direction and support for Maori and Pacifica nurses pathways

Integrated collaborative practice

Emergency nurses collaborate with patients and family/whānau as well as within and across health and related services and community networks. Effective communication is a core element of emergency nursing practice, where individual nurses need to rapidly establish therapeutic relationships in time-pressured environments, often with limited information. The complex, high-stress, unpredictable and dynamic work of emergency care creates particular challenges for effective communication, which requires emergency nurses to be able to communicate urgent information and needs with clarity, consistency and calmness.

Emergency nurses recognise the impact of, and seek to influence, the wider social, political, and professional drivers that affect their practice and their patients.

Communication and information management in emergency care

Apply specialised communication techniques and processes.

Core concepts:

- Use team management principles
- Role-model clear and respectful behaviour in rapidly changing and stressful environments
- Recognise and respond to evidence of dysfunctional communication, burnout and moral distress among colleagues
- Develop patient information/education resources
- Help introduce evolving information technologies into practice

Inter-professional collaboration

Contribute to the pool of expertise in the collaborative inter-professional model.

Core concepts:

- Demonstrate in-depth knowledge of other health team members and seek targeted advice and expertise
- Optimise the knowledge and skills of other health-care disciplines to provide safe and quality care
- Mentor others in working collaboratively

Integration within the wider healthcare system

Guide both patients and colleagues in processes and health-service planning to maximise patient outcomes.

Core concepts:

- Act as navigator for the patient, guiding them through the health system
- Act as liaison with hospital/community/other services

Integrated collaborative practice

Patient/family friendly and centred care

Guide and influence others within the MDT to use the patient/family friendly and centred model of care.

Core concepts:

- Act as support and resource
- Advocate within the wider MDT for collaborative, coordinated approach to patient/family friendly and centred care

Recognition and response to vulnerability and difference

Influence the culture of health care, contributing to the development of a culturally safe nursing workplace.

Core concepts:

- Actively contribute to a culture that encourages personal reflection, professional supervision, and open engagement with health-care consumers, colleagues and relevant others
- Act as support and resource
- Guide others to understand and apply knowledge

Environmental emergencies

Emergency nurses may be required to respond to environmental emergencies, in the form of natural disasters, mass casualty events, pandemics or infectious disease outbreaks or hazardous substance exposure. These events often occur with little warning, require complex, wide-scale responses, and at times involve personal risk. Long term, predictable or forecasted events are also included in this category, eg climate change and adverse weather events. Environmental emergencies can have psychological impacts on patients, families/whānau and staff, involving issues of isolation, risk and breaches of patient/data privacy.

Major incident management

Involved in initiation of major incident response.

Core concepts:

- Co-ordinate area-specific or designated aspects of major incident response
- Undertake additional specialised training such as Coordinated Incident Management System (CIMS)
- Undertake mass casualty triage
- Undertake department/area co-ordination and resourcing for major incident management
- Support development of policy and procedures specific to major incident management
- Recognise and direct resources for ethical and emotional support

Hazardous substance exposure

Involved in preparedness planning and initiation of response to patients exposed to hazardous substances.

Core concepts:

- Coordinate resources and education relevant to the exposure
- Guide and monitor use of HAZMAT knowledge
- Recognise need and direct resources for ethical and emotional support

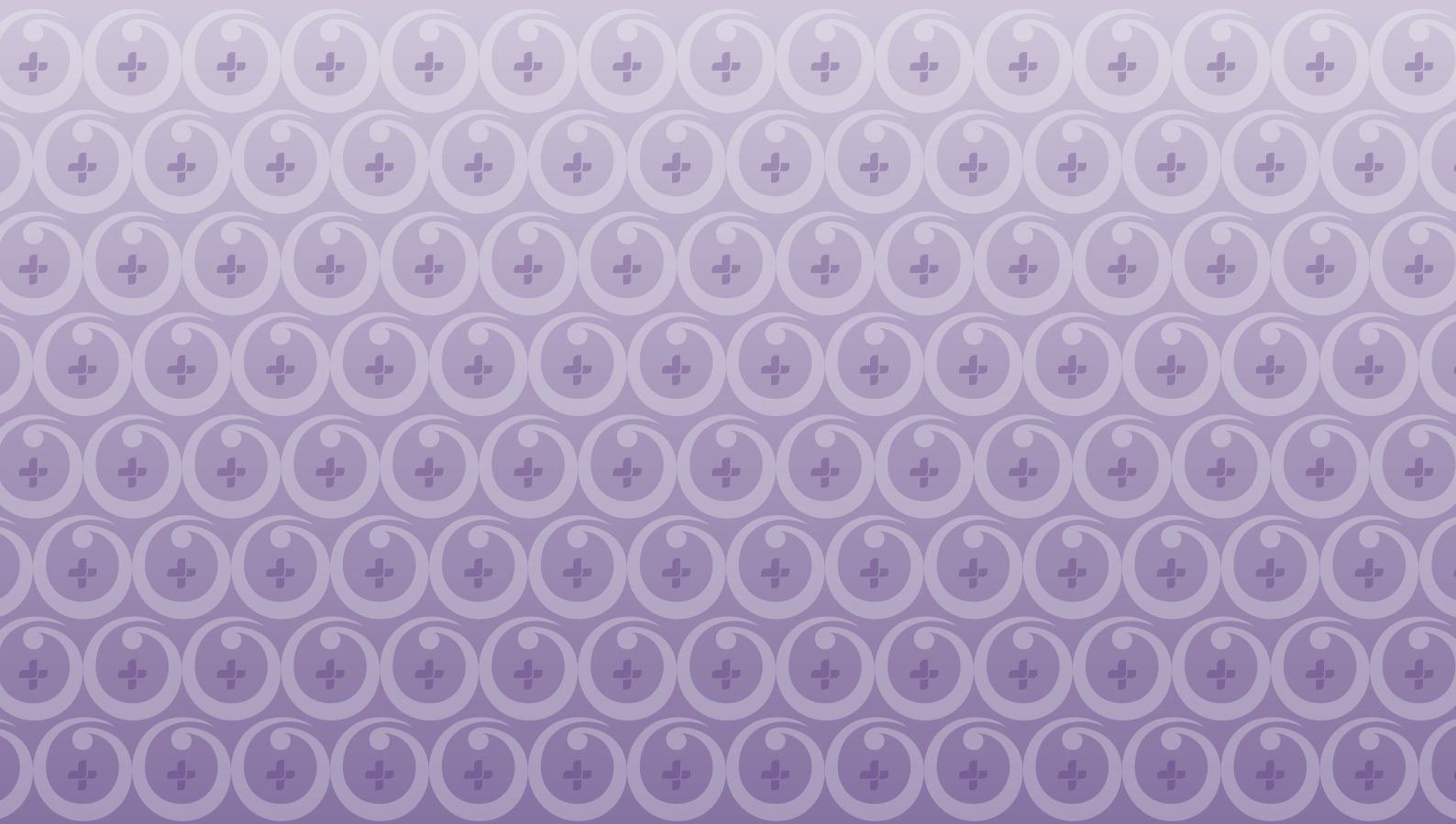
Infectious disease outbreak/pandemic

Involved in preparedness planning and initiation of response for managing emerging infectious disease outbreak.

Core concepts:

- Coordination of delivery of service care within the streaming policy
- Recognise need and direct resources for ethical and emotional support
- Provide anticipatory training in management of infectious diseases





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